

# Wisconsin Department of Regulation & Licensing

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## NURSING HOME ADMINISTRATORS EXAMINING BOARD RECIPROCITY EXPERIENCE RECORD

The information below is being provided as evidence of having completed at least 2,000 hours of practice as a nursing home administrator in any consecutive 3-year period within the 5-year period immediately preceding the date of application. (NOTE: If more space is needed, please attach an additional sheet.)

EMPLOYED	DATE	NAME AND ADDRESS OF NURSING HOME	TITLE
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#3 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		